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SEP 24 2005

FACSIMILE TRANSMISSION

Date: 24 September 2005


Pages: 20

To: Examiner Minh T. Nguyen
GAU 2816

From: Brian C. Altmiller

Fax No.: 571-273-8300

Applicants: OSAMURA et al. Serial No.: 10/617,297 Filed: July 11, 2003 Title: POWER SUPPLY CIRCUIT WITH CONTROL OF RISE CHARACTERISTICS OF OUTPUT VOLTAGE	Atty. Dkt.: 11-170 Art Unit: 2816 Examiner: Minh T. Nguyen
Mail Stop AF United States Patent and Trademark Office Customer Service Window Randolph Building 401 Dulany Street Alexandria, VA 22314	
Date: September 24, 2005	

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-8300 on September 24, 2005, to the Examiner Minh T. Nguyen, GAU 2816.			
Type or printed name	BRIAN C. ALTMILLER		
Signature		Date	September 24, 2005

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SEP 24 2005

This Form Based on PTO/SB/21

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/817,297	
	Filing Date	July 11, 2003	
	First Named Inventor	OSAMURA	
	Group Art Unit	2816	
	Examiner Name	Minh T. Nguyen	
		Attorney Docket Number	11-170

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Poez Law Group, PLC BRIAN C. ALTMILLER (Reg. No. 37,271)
Signature	
Date	September 24, 2005

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Type or printed name	BRIAN C. ALTMILLER		
Signature		Date	September 24, 2005

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PTO/BB/17 (12-04)

Approved for use through 07/31/2006, OMB 0551-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/8/2004.
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4812).

FEE TRANSMITTAL **For FY 2005**

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**120**

Complete if Known

Application Number **10/617,287**
Filing Date **07/11/03**
First Named Inventor **OSAMURA et al.**
Examiner Name **Minh T. Nguyen**
Art Unit **2816**
Attorney Docket No. **11-170**

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: **50-1147** Deposit Account Name: **Posz Law Group, PLC**
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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	600	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent **16** **9**
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent **68** **44**
Multiple dependent claims **300** **150**

Total Claims **27** - 20 or HP = **0** x **\$50** = **\$0**
HP = Highest number of total claims paid for, if greater than 20

Inden. Claims **2** - 3 or HP = **0** x **\$200** = **\$0**
HP = Highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ _____ (\$ for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **27** - 100 = **17** / 50 = **0** (round up to a whole number) x **\$0** = **\$0**

4. OTHER FEE(S)

Non-English Specification, **\$130** fee (no small entity discount)
Other: **One-Month Extension of Time** **\$120**

SUBMITTED BY

Signature  Registration No. **37,271** Telephone **(703) 707-9110**
Name (Print/Type) **BRIAN C. ALTMILLER** Date **September 24, 2005**

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2005		Complete If Known	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Application Number 10/617,297	Filing Date 07/11/03
		First Named Inventor OSAMURA et al.	Examiner Name Minh T. Nguyen
		Art Unit 2816	Attorney Docket No. 11-170
TOTAL AMOUNT OF PAYMENT (\$) 120			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 60-1147 Deposit Account Name: Posz Law Group, P.L.C.	
For the above identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	600	250	800	300	
Provisional	160	80	0	0	0	0	
							Small Entity
							Fee (\$)
2. EXCESS CLAIM FEES							Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							18
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							88
Multiple dependent claims							300
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)							
27 - 20 or HP = 0 x \$80 = \$0							
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
2 - 3 or HP = 0 x \$200 = \$0							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ _____ (\$ for small entity)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(a).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							\$0
							Fees Paid (\$)
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: One-Month Extension of Time							\$120

SUBMITTED BY			
Signature 	Registration No. 37,271	Telephone (703) 707-8110	
Name (Print/Type) BRIAN C. ALTMILLER	Date September 24, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 80 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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